



Enter Employer Name and
Address here:

Mail Date:
FEIN:
Employer:

Application for Determination of Employment Status

Type or print your Answers Clearly

UIA Employer Account Number: _____

Business Name: _____ DBA: _____

Telephone Number: _____ Form Completed By: _____

Information provided on this Form is used to determine employment status under Section 42 of the *Michigan Employment Security Act (MES Act)*. Failure to provide this information will result in a determination being made based upon available information. **Please type or print your answers clearly and return this Form within 10 calendar days from the above mail date.**

Instructions

1. Provide in the table below the name, Social Security Number (SSN), address, telephone number, Federal Employer Identification Number (FEIN), if applicable, and class of worker of the individual(s) regarding whose employment status is requested. If multiple individuals are listed, they must all belong to the same "Worker Class."
2. If you are requesting a review of the employment status for a class or classes of workers, such as clerical, sales, etc. please complete only the column entitled "Worker Class." You may request a review for multiple classes of workers; however, you must complete a separate form for each worker class you are requesting an employment status investigation.
3. Attach copies of all written and signed agreements or contracts including manuals of instruction and rules or policies that must be adhered to by such individuals and also provide copies of employment status rulings made by other governmental agencies with respect to the services in question. Documentation may include contracts, invoices, W-2 Forms, Forms 1099-MISC issued or received, as well as IRS closing agreements and IRS rulings.
4. Attach a letter supplementing your answers, if necessary, in order to disclose full details regarding the service in question.
5. Complete all questions listed on Part I.
6. Part II should only be completed for service providers and/or sales personnel.

Name	SSN	Address	Telephone Number	FEIN	Worker Class (Clerical, Sales, etc).

Answer Each Question Completely

Part I

1. What is the nature of the employer's business (Describe your business)? _____

2. Describe the type of services performed by the individual(s) or worker class.

3. Does the individual(s) or worker class follow instructions as to when, where, and how to perform the job? YES ☐ NO ☐
4. Is specific training and/or instruction provided by the business to the individual(s) or worker class? YES ☐ NO ☐
5. Does the individual(s) or worker class perform this type of work for the business on a regular basis? YES ☐ NO ☐
6. Does the business determine the time/hours of service performed by the individual? YES ☐ NO ☐
7. Are services performed at the employer's place or places of business? YES ☐ NO ☐
8. Does the individual(s) or worker class establish the level and timing of payment for the services provided? YES ☐ NO ☐
9. Did you issue a Form 1099 - MISC to the individual(s) or worker class? YES ☐ NO ☐
10. Does the individual(s) or worker class provide all equipment, tools, materials and/or supplies to perform services? YES ☐ NO ☐
11. Does the individual advertise as being in the business of providing to others the services they provide to your business?
YES ☐ NO ☐
12. Additional Comments: (In the space below, you may provide any additional information you believe would be beneficial in determining the employment status of the individuals in question. Please attach additional sheets if necessary).

Part II – For Service Providers or Salespersons

Complete this Section if the individual(s) or class of workers provides a service or sells directly to your customers.

13. What are the individual's responsibilities in soliciting new customers? _____

14. Are orders submitted and approved by your business? YES ☐ NO ☐

Certification

I certify that the statements made on this Form are true and correct to the best of my knowledge and belief. I also acknowledge that a Power of Attorney must accompany this Form, if signed by an individual other than the business owner or officer of the business.

Name of Person Completing Form (Print or Type)

Title

Signature of Person Completing Form

Date